

FTJOP TRACKING**CCSN MONTHLY**

Month / Year: _____

Juvenile ID#: _____

Name: Last _____ First _____ MI _____

P.O./I.S. _____ Phone: _____

Program Start Date: _____ Scheduled Program End Date: _____

Tracking Agency: _____

Tracker: _____

Month of Program: (Circle)		1st	2nd	3rd	4th	5th	6th
Court Orders:	Required	Status				Date Completed	
Community Education	4 hours						
Community Service	____ Hrs						
Letter of Apology	<input type="checkbox"/> Y <input type="checkbox"/> N						

Monthly Review: * LIST ALL SERVICES ON PLAN

Service Code/Agency	Units Auth.	Used This Month	Units Remain	Comments/Progress/Concerns
1 YTK/				
2				
3				
4				
5				
6				
7				

School (Name): _____

Week	Unexcused Absences	Comments/Suspensions/Reason
Week One		
Week Two		
Week Three		
Week Four		

Report Card Date: GPA:	Report Card Date: GPA:	Report Card Date: GPA:
---------------------------	---------------------------	---------------------------

Has violation letter been requested Date: 1st _____ 2nd _____ 3rd _____

[illegible]

School progress from last month:

Tracker's summary of youth's overall progress from last month:

Tracker Signature: _____	(If typed, please initial) _____
Date: _____	
Supervisor Signature: _____	(If typed, please initial) _____
Date: _____	